

DEC 06 2005

KONRAD RAYNES & VICTOR, LLP*315 S. Beverly Drive, Suite 210
Beverly Hills, California 90212**Telephone: (310) 556-7983
Facsimile: (310) 556-7984***FAX COVER SHEET****PLEASE DELIVER THIS FACSIMILE
TO EXAMINER NATHAN HILLERY**

TO: Commissioner for Patents
Attn: Examiner Nathan Hillery
Group Art Unit 2176
Patent Examining Corps
Facsimile Center
Alexandria, VA 22313

FROM: William K. Konrad
OUR REF: 0021.0010
TELEPHONE: 310-556-7983

Total pages, including cover letter: 21

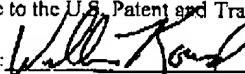
PTO FAX NUMBER 1-571-273-8300

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Description of Documents Transmitted: TRANSMITTAL FOR AMENDMENT
(+COPY); AMENDMENT

Applicant: C.L. Bates et al.
Serial No.: 09/658.078
Filed: September 11, 2000
Group Art Unit: 2176
Docket No.: ROC920000078US1

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on December 6, 2005

By: 
Name: William K. Konrad

FORM PTO-1083

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PATENT

ROC920000078US1
0021.0010

DEC 06 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:
 C.L. Bates et al.)
 Serial No.: 09/658,078)
 Filed: September 11, 2000)
 For: METHOD, SYSTEM, AND PROGRAM)
 FOR CHECKING CONTACT)
 INFORMATION)
)

Examiner: Nathan Hillary

Art Unit: 2176

24033

Customer Number

Sir:

Transmitted herewith in the above-identified application is an:

Amendment 18 pages.
 Petition for Extension of Time.
 Transmittal of Formal Drawings and ___ sheets of formal drawings.
 No additional fee is required.

The fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA RATE	ADDIT. FEE OR RATE	ADDIT. FEE
TOTAL	27	MINUS 42	= 0	x \$0	OR x 50 \$
INDEP CLAIMS	3	MINUS 3	= 0	x \$0	OR x 200 \$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+	+ 360 \$
			TOTAL	\$0	OR TOTAL \$ -0-

Please charge Deposit Account No. 50-0585 the amount of \$ ___ to cover the extension fee and also the amount of \$ ___ to cover the claim fee. A duplicate copy of this sheet is enclosed.
 A credit card authorization in the amount of \$ ___ to cover the extension fee is enclosed.
 A credit card authorization in the amount of \$ ___ to cover the claim fee is enclosed.
 A credit card authorization in the amount of \$ ___ to cover the petition fee is enclosed.
 The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0585. A duplicate of this sheet is enclosed.
 Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
 Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

Dated: December 6, 2005

William K. Konrad
 Registration No. 28,868
 KONRAD RAYNES & VICTOR, LLP
 315 S. Beverly Drive, Suite 210
 Beverly Hills, CA 90212
 (310) 556-7983 (voice)
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CERTIFICATE UNDER 37 CFR 1.8:

I hereby certify that this correspondence is being transmitted by facsimile to Nathan Hillary of the U.S. Patent and Trademark Office at 571-273-8300 on December 6, 2005.

William K. Konrad

12/6/05
Date

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PATENT
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In re Application of:
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Applicant: C. L. Bates et al. Examiner: Nathan Hillery
Serial No.: 09/658,078 Group Art Unit: 2176
Filed: September 11, 2000 Docket No.: ROC920000078US1
TITLE: METHOD, SYSTEM, AND PROGRAM FOR CHECKING CONTACT INFORMATION

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William K. Konrad**AMENDMENT AFTER FINAL**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This Response is submitted in response to the final office Action dated November 1, 2005.

Amendments to the Claims are reflected in the listing of claims which begins on page 2.

Remarks/Arguments begin on page 17.